

Name
in
full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not named

Blake

CERTIFICATE OF DEATH

Died at Star

Town

County

MARYLAND

Date
of death

1906 March

Month

Day

Years

Months

Days

10

Age

Sex

Female

Color or
Race

Colored

Birth-
place

Star, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Thor S Blake Jr

Father's
Birthplace

Star and

Mother's
Maiden Name

Elenora Thomas

Mother's
Birthplace

Star ..

Name of person giving
Information

Thor S Blake Jr.

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

How long

Stillborn

Immediate

Abnormal delivery

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

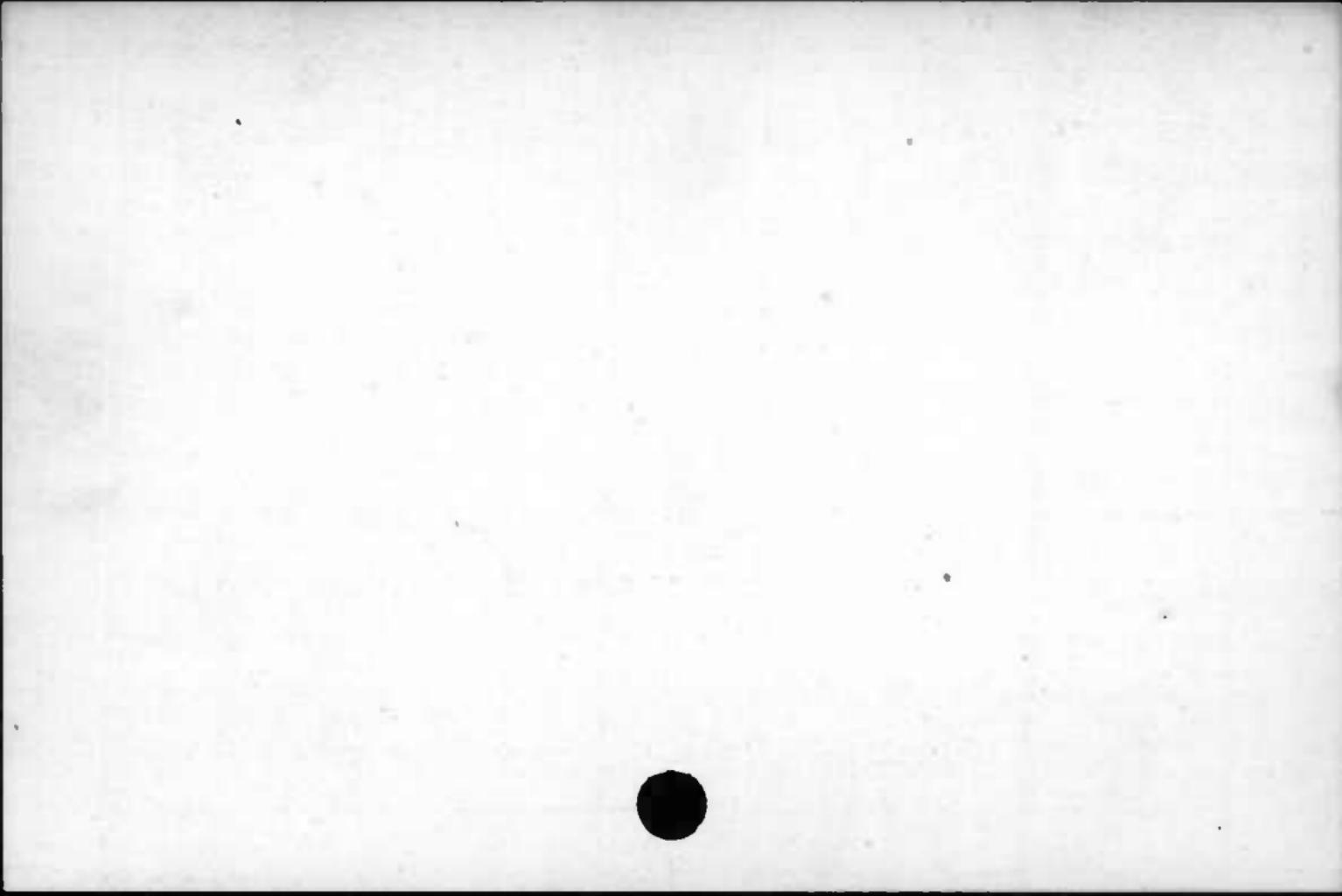
Signature of
Physician

Walter S Granby

Address

Rutherford Md

Accident or Suicide?



Name
in
Full

Not named

Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thos. H. Blake Jr.				
Mother's Maiden Name	D. Lenora Thomas				
Name of person giving information	Thos. H. Blake Jr.				
(15)					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

} Pre mature Birth

How long

12 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Walter G. Gandy

Address

Ruthsburg, Md.

Accident or Suicide?



Name
in
Full

Annie Rebecca Brown 3/17/1878

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age over 60	
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Stape Queen Anne's Co

Female negro. MD

Cook Alexander Brown

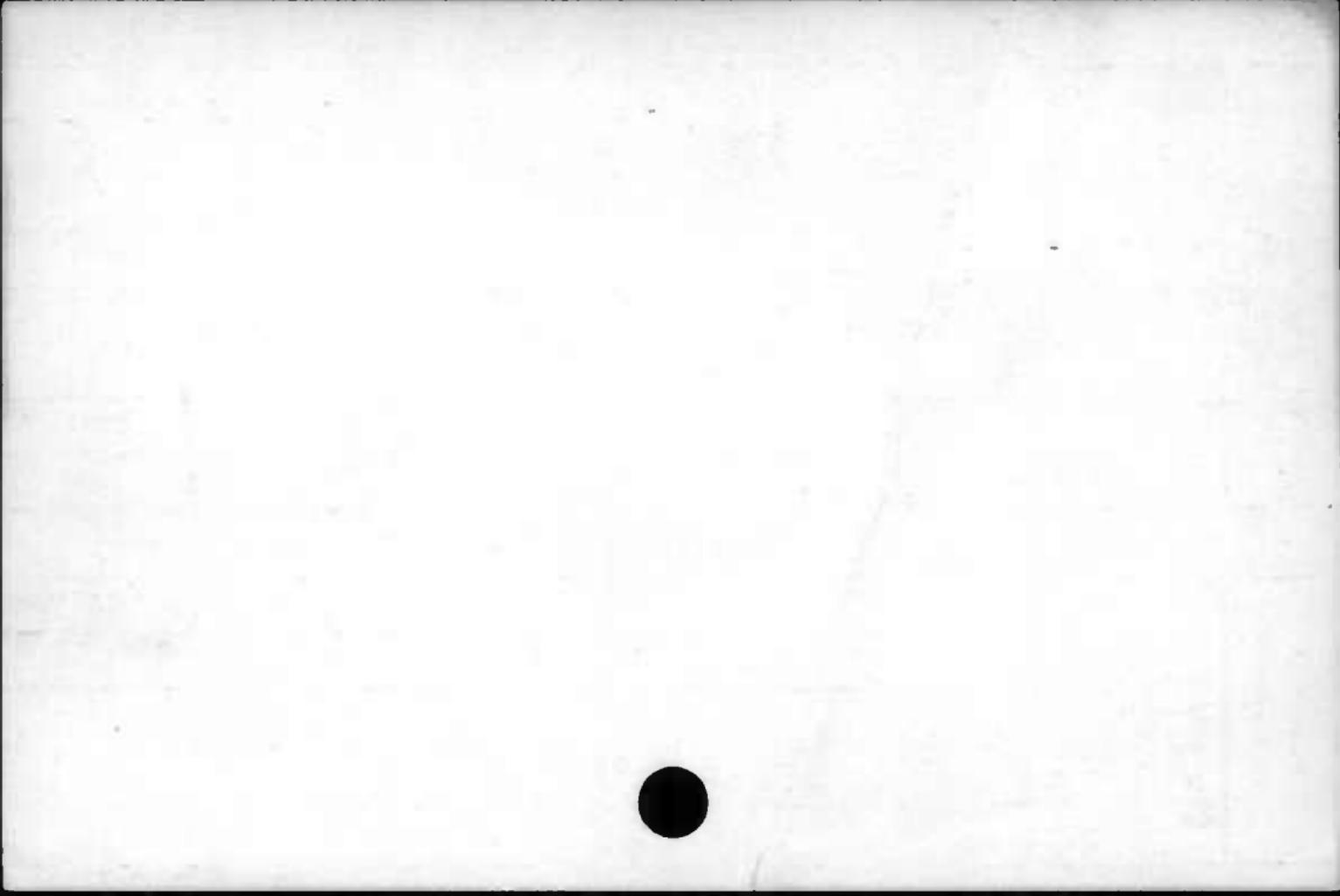
Chew

Dorothy Kuan

E.O.O. Saunders None

CAUSES OF DEATH

Primary	Consumption	How long
Immediate	"	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		Rabbi T. Eddins M.D. Centreville Md.



Name
in
Full

Charlotte Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Spa Mills	Town	Queen Anne	County	MARYLAND
Date of death	1906	Month	3	Day	30
Sex	Female	Color or Race	Colored	Years	Age 68
Occupation	House Keeping		Where Residing if not at place of death	Queen Anne Co	
Married, Single or Widowed	Widow	Name of Wife or Husband	Samuel Brown		
Father's Name	Chas. Courtney	Father's Birthplace	Maryland		
Mother's Maiden Name	Priscie Bubbs	Mother's Birthplace	Maryland		
Name of person giving information	James E. Dawson	How related to deceased	Cousin		

CAUSES OF DEATH

Primary

Old age

How long

—

Immediate

"Gripe" Heart failure

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

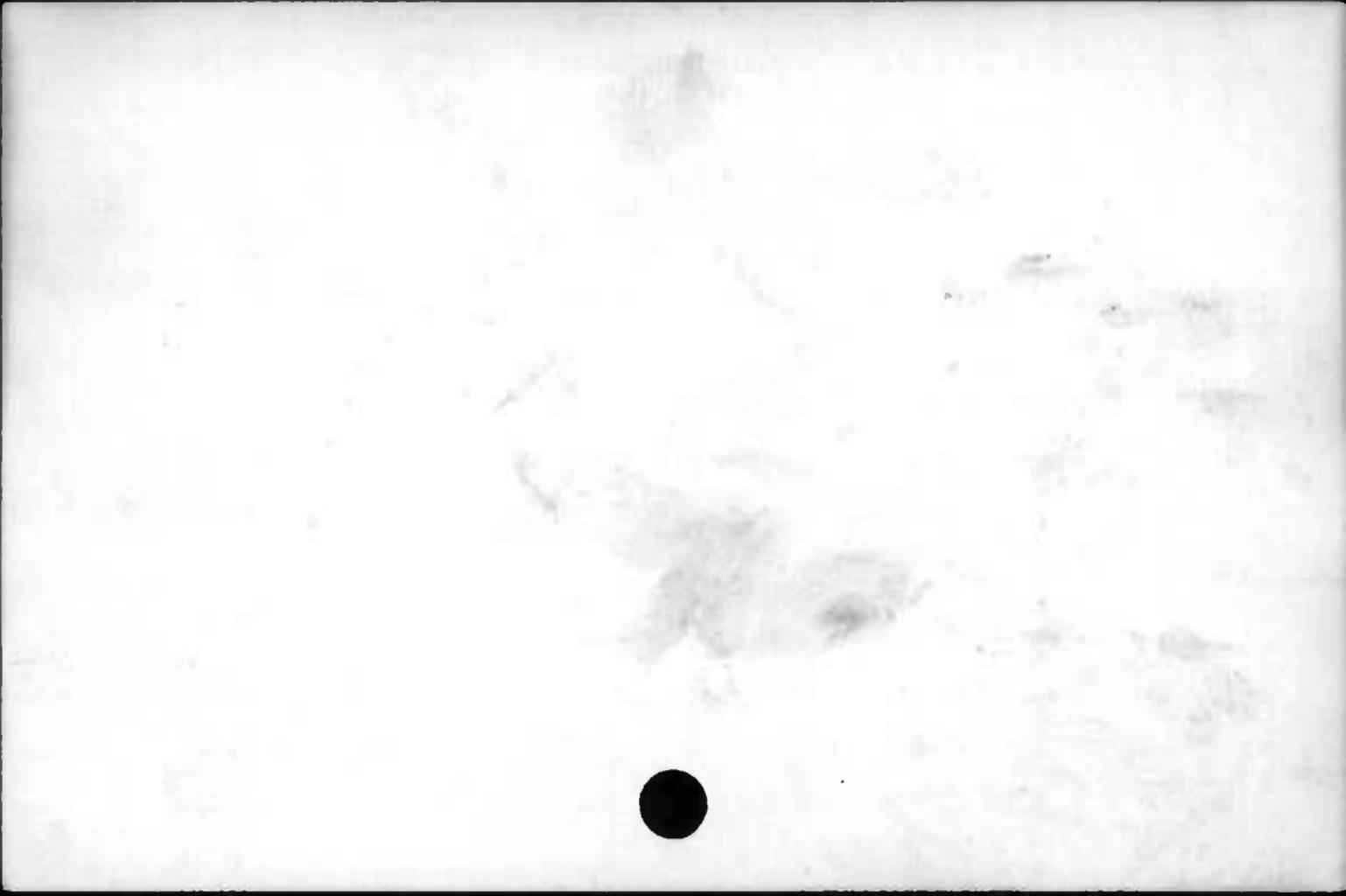
yes

Signature of Physician

Address

J. G. Stacks Esq.
Spa Mills, Md.

Accident or Suicide?



Name
in
Full

Frederick Butter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Church Hill

County Queen Anne's

MARYLAND

Town

Date
of death

1906

Month

March

Day

22

Years

Age

Months

2

Days

22

Sex

Male

Color or
Race

Black

Birth-
place

Church Hill

Occupation

Where Residing if not
at place of death

Church Hill
Place of death.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Joseph H. Butter

Father's
Birthplace

Ind

Mother's
Maiden Name

Corey D. Anthony

Mother's
Birthplace

Ind.

Name of person giving
Information

Emily Anthony

How related
to deceased

Grand daughter

CAUSES OF DEATH

Primary

Chop.

⑨

How long

3 days

Immediate

Strangulation

How long

very few minutes

Signature of
Physician

Address

W. G. Cappage

Church Hill

PHYSICIAN
OR CORONER

Are the name, age, sex, color, etc.
and place correctly given above?

Y

I never saw Client
until his death.
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

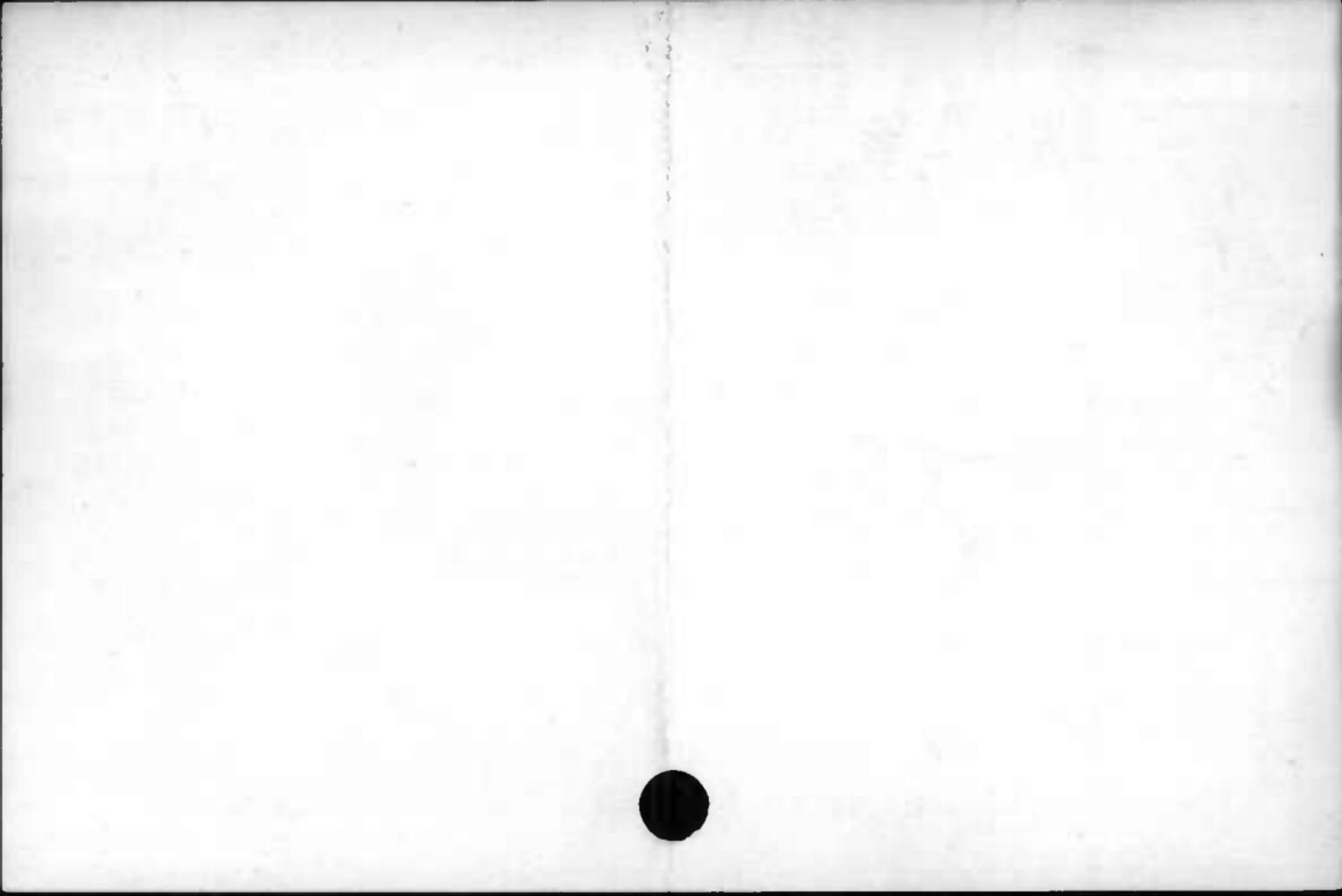
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Years Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Book
Winchester Queen Anne's
1906 3 26 1 Year
Male Black Winchester
Occupation
Where Residing if not at place of death
Married, Single
~~or Widowed~~
Name of Wife or Husband
Father's Name
Mother's Maiden Name
Pusey Cook
James Park
Name of person giving information
How related to deceased

CAUSES OF DEATH

Primary	(179)	How long
Immediate	natural causes	a few days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
yes	Chas O'Conney Jr.	
Address	acting coroner Fords Store Md.	
Accident or Suicide?		

PHYSICIAN OR CORONER



Name
in
Full

Louisa Coursey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	near M ^c Ginness	Town	Queen Anne's	County	MARYLAND
Date of death	1906	Month	3	Day	30
Age	70	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Queen Anne's Co
Occupation	Housewife	Where Residing if not at place of death at home.			
Married, Single or Widowed	married	Name of Wife or Husband	James F. Coursey	Father's Birthplace	Maryland
Father's Name	Alfred Rice	Mother's Maiden Name	Hester Ann Griffin	Mother's Birthplace	Queen Anne's
Name of person giving Information	James F. Coursey	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown	(119)	How long	3 months
Immediate	Unknown natural causes.		How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B.F. Hartus, Acting Coroner.
			Address	Crumpton Md
Accident or Suicide?		neither		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Soiah Covey					CERTIFICATE OF DEATH		
Died at Mer Ruthsburg		Town	Queen Anne		County	MARYLAND	
Date of death	1906	Month 3	Day 13	Years 60	Age	Months 11	Days
Sex	Male	Color or Race	White	Birth-place	Caroline Co.		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary C. Collision				
Father's Name	Stanley Covey			Father's Birthplace	Md.		
Mother's Maiden Name	Eaton			Mother's Birthplace	Md.		
Name of person giving information	Mary C. Covey			How related to deceased	Wife		

CAUSES OF DEATH

Primary

Chronic Nephritis

(20)

How long

5 yrs

Immediate

Conma

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Jaynor Grace MD

Accident or Suicide?

No

Address

Quintonville
Queen Anne Co.

Young man, no older

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Gladys De Caussey					CERTIFICATE OF DEATH		
Died at	Wye Mills	Town	County	Quintanaux	MARYLAND		
Date of death	1906	Month 3	Day 18	Years 5	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Wye Mills		
Occupation	Child -	Where Residing if not at place of death			Wye Mills.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Sam. De Caussey			Father's Birthplace	Maryland		
Mother's Maiden Name	Susan Rhyans			Mother's Birthplace	Marylands		
Name of person giving information	Harry Stewart (2)			How related to deceased	Brother in Law		
CAUSES OF DEATH							
Primary	Pulthisis (Pulmonary)			How long	6 Months		
Immediate	Heart Failure			How long	one month		

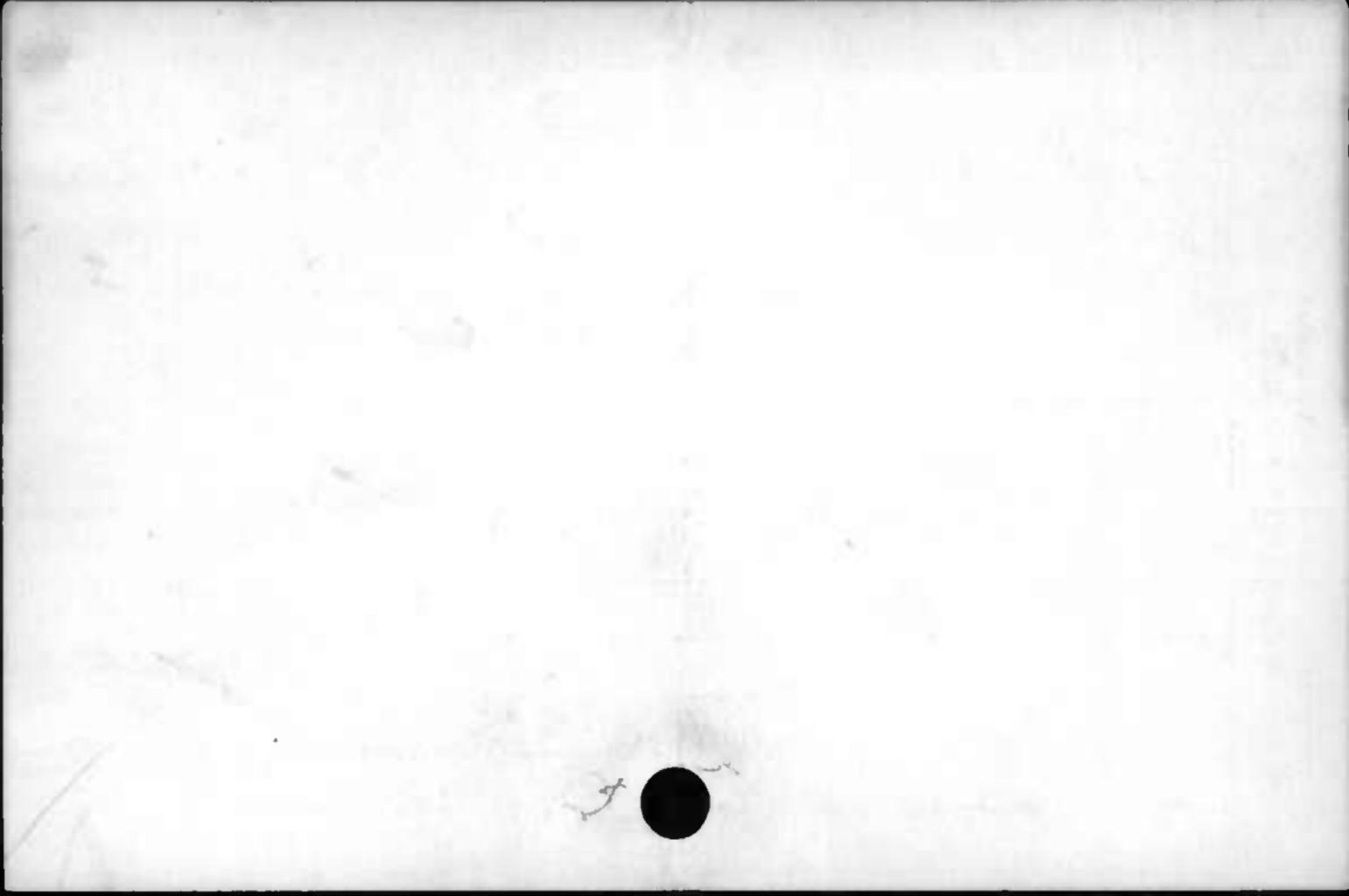
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Elizabeth Everett

Town County
Near Sudlersville Queen Anne MARYLAND

Died at

Date 1906

Month 3

Day 28

Y.

M.

D.

Native of

Occupation

Date 1906

Native of

Female

White

Colored

Age 65

Married

Single

Widow

Widower

Divorced

Number of children living

10

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Lithocystis in lungs

How long sick

15 years

Death

Immediate

Exhaustion and Debility

Accident, Suicide, Homicide

Reported by

Foster Sudler

Address

Sudlersville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.
of

Seen by Coroner
of

Information contained in this certificate
ceived from
of

Name
in
Full

James H. Everett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	4
Occupation	Where Residing if not at place of death	Birth-place	Maryland
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Everett	
Father's Name	Edward Everett	Father's Birthplace	Maryland
Mother's Maiden Name	Mary Everett	Mother's Birthplace	Maryland
Name of person giving information	Edward Everett	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Throat

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. R. Smith

Address

Flemington N.J.

Accident or Suicide?

Scholarship Fund

Name
in
Full

Elizabeth Fochus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Fochus			
Father's Name	Mr. Burton				
Mother's Maiden Name	E. "				
Name of person giving information	S. Fochus				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pleurisy

94

How long

1 week

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

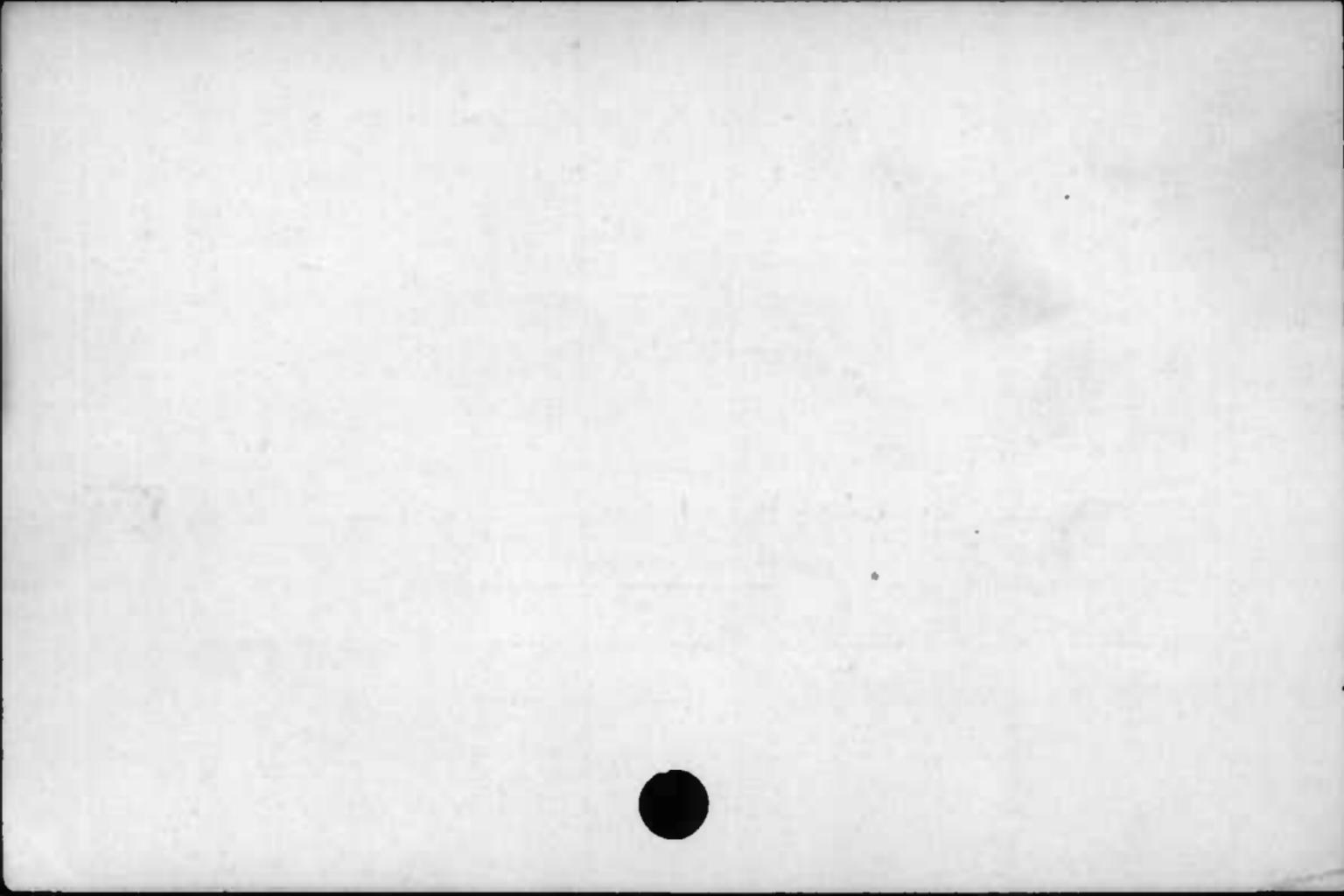
Signature of Physician

Address

Henry Stoen
Stevensville Md

Accident or Suicide?

MD



Name
in
Full

Clarence Milbert Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Chester Town		County	Queen Anne's MARYLAND		
Date of death	1906	Month Mar	Day 10	Age	Years 1	Months 9 Days 14
Sex	male	Color or Race	white	Birth-place	Kent Isld	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Henry C. Gardner			Father's Birthplace	Kent Isld	
Mother's Maiden Name	Clara Brown			Mother's Birthplace	Baltimore	
Name of person giving information	Henry C. Gardner			How related to deceased	Father	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Chronic Nephritis

170

How long

9 mo

Immediate

Pneumonia

How long

3 weeks.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Gray New
Stevensville
Md.

Accident or Suicide?



Name
in
Full

Annie Goldsborough

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1906	March	20	Age 14	9	13	
Sex	Female	Color or Race	Colored	Birth-place	Hazda, Md.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Boon T. Goldsborough				Father's Birthplace	Bridgetown, Md.
Mother's Maiden Name	Annie Simpson				Mother's Birthplace	Kofoe, Md.
Name of person giving information	Boon T Goldsborough				How related to deceased	Father.

CAUSES OF DEATH

Primary

} consumption

How long

How long

} One year

Immediate

21

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

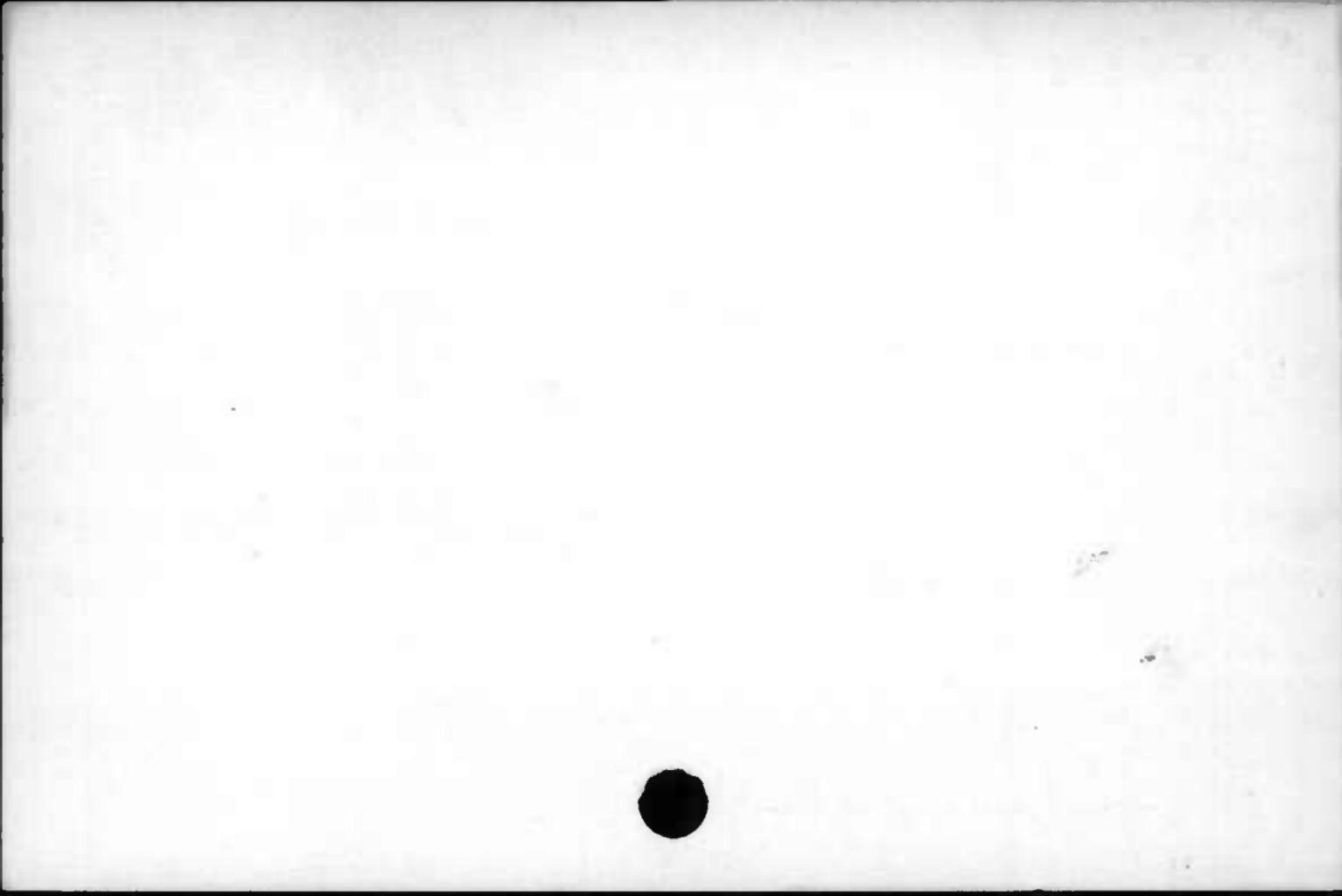
Walter S. Farby

Address

Ruthsburg
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

George Levi Gordon

Town

County

Died at

Lusbyville

Towson

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

3 13

1 15

Md

Occupation

Date 189

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Elmer Gordon

Mother's
Name

Wabel Gordon

Cause of

Primary

Cholera Infantum

How long sick

Death

Intermediate

and Malnutrition

5 weeks

Reported by

Foster Sudler

Accident, Suicide, Homicide

Address

Sudlersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

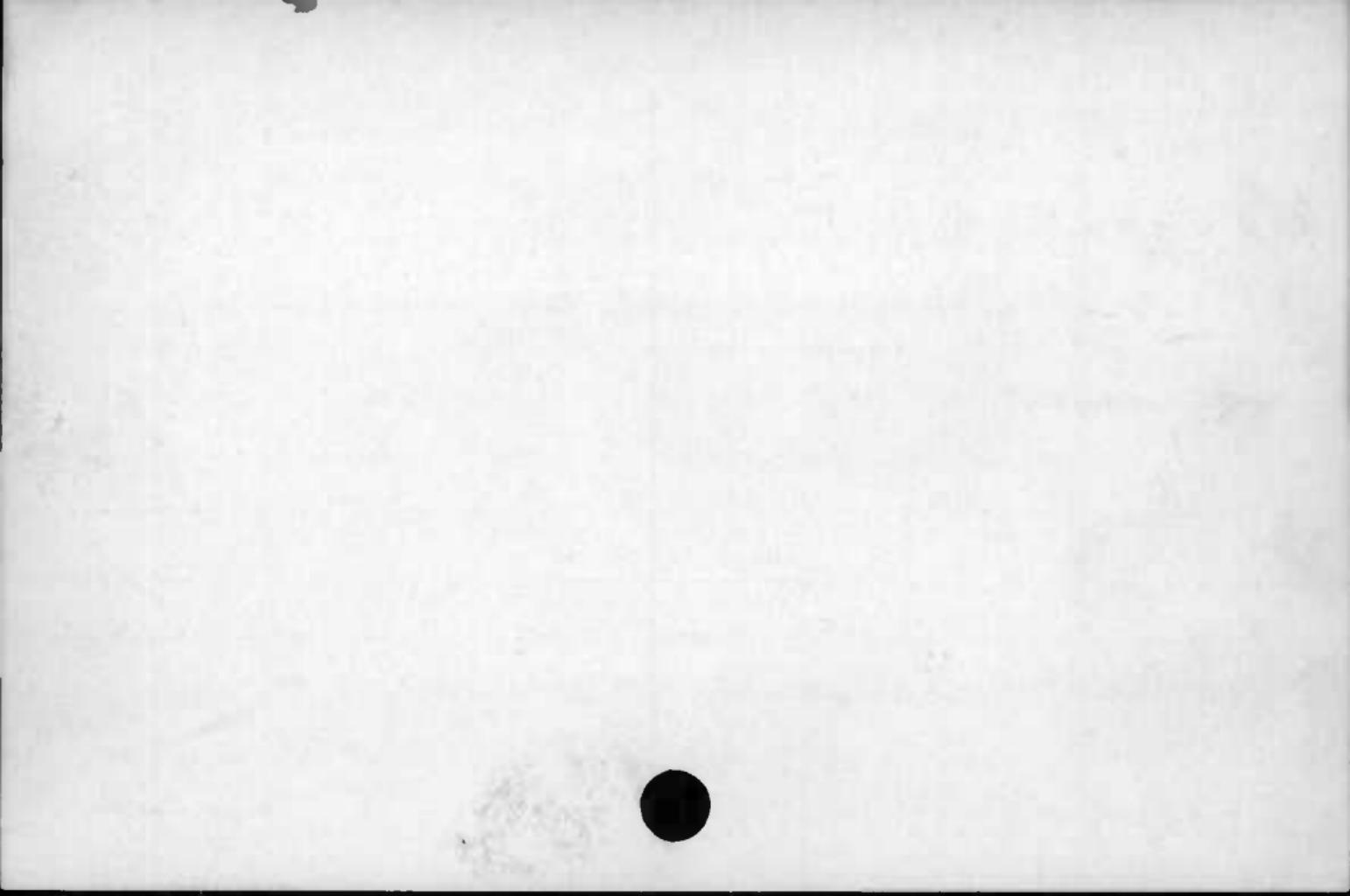
Died at <i>Wingfield</i> Town		<i>2.4</i> County		MARYLAND		
Date of death <i>1906</i>	Month <i>3</i>	Day <i>27</i>	Years <i>31</i>	Months <i>7</i>	Days <i>9</i>	
Sex <i>Male</i>	Color of Race <i>White</i>	Birth-place <i>D.C.</i>				
Occupation <i>Famer</i>	Where Residing if not at place of death <i>Gila Gray</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Gila Gray</i>		Father's Birthplace <i>D.C.</i>			
Father's Name <i>Mr. J. Gray</i>				Mother's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Mary J. Kelley</i>				How related to deceased <i>Wife</i>		
Name of person giving information <i>Lella Gray 85</i>						
CAUSES OF DEATH						
Primary				How long <i>only a few min.</i>		
Immediate <i>Internal Hemorrhage</i>				How long		

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James S Gross

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Color or Race	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

Antreville Q Co

6 Mar 17 2 1 4

Male Black

Occupation

Robert Gross

Clara Gross

Mother

and

wife

wife

mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Murder

(6)

How long

2 wks

Immediate

Overdose of drugs

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

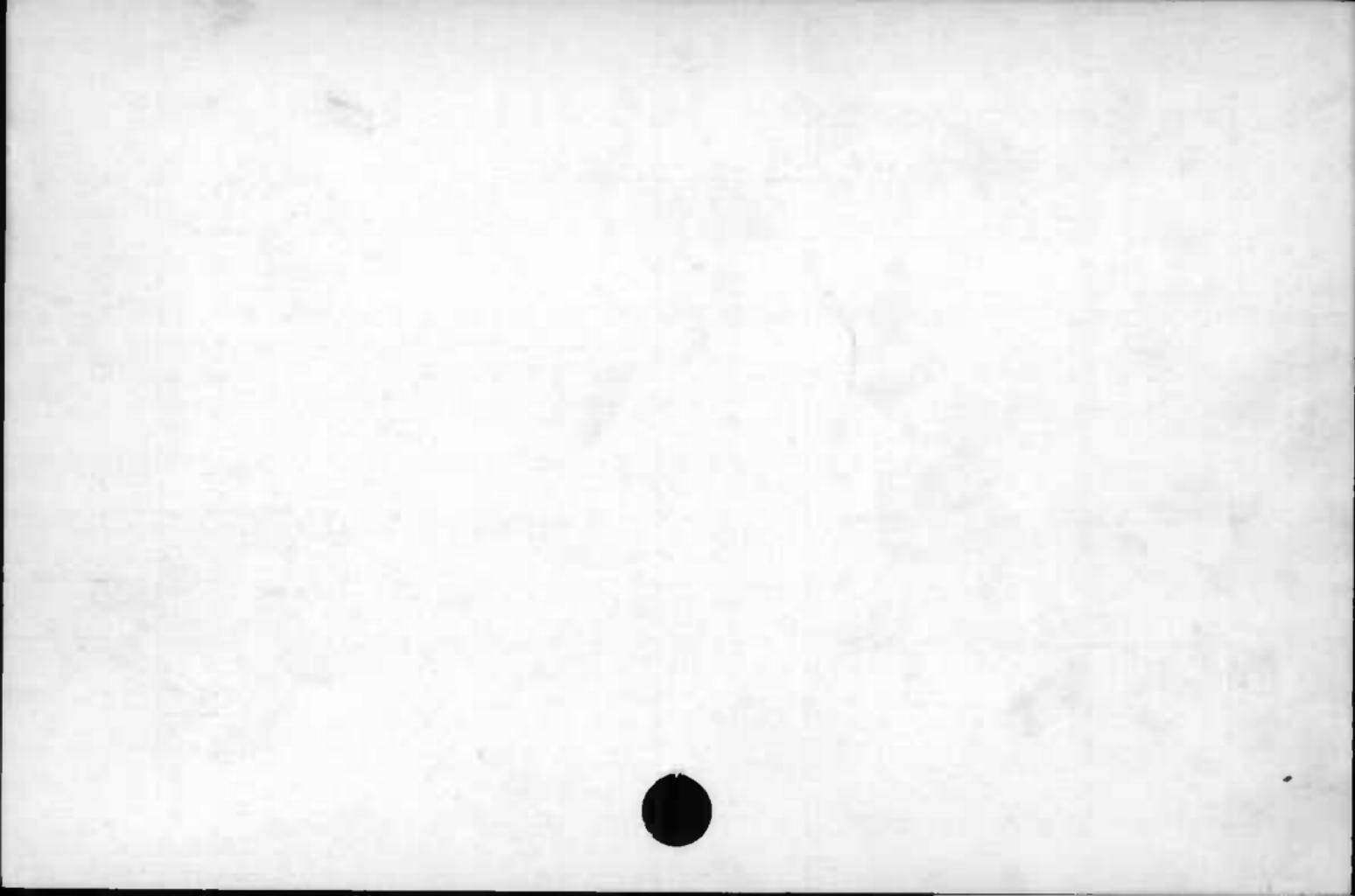
Yes

Signature of Physician

Address

W.S. Smith
Antreville

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Catherine Hill				CERTIFICATE OF DEATH			
Died at	Town	I. A.	County	MARYLAND			
Date of death	Month	Day	Years	Months		Days	
Sex	Color or Race	Age	65	Birth-place		Canada	
Occupation	Where Residing if not at place of death			Laurelville			
Married, <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	Name of Wife or Husband		Columbus Hill				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Ada Baker (55)			How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Purpura Hemorrhagica

How long

3 weeks

Immediate

Pulmonary Hemorrhage

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

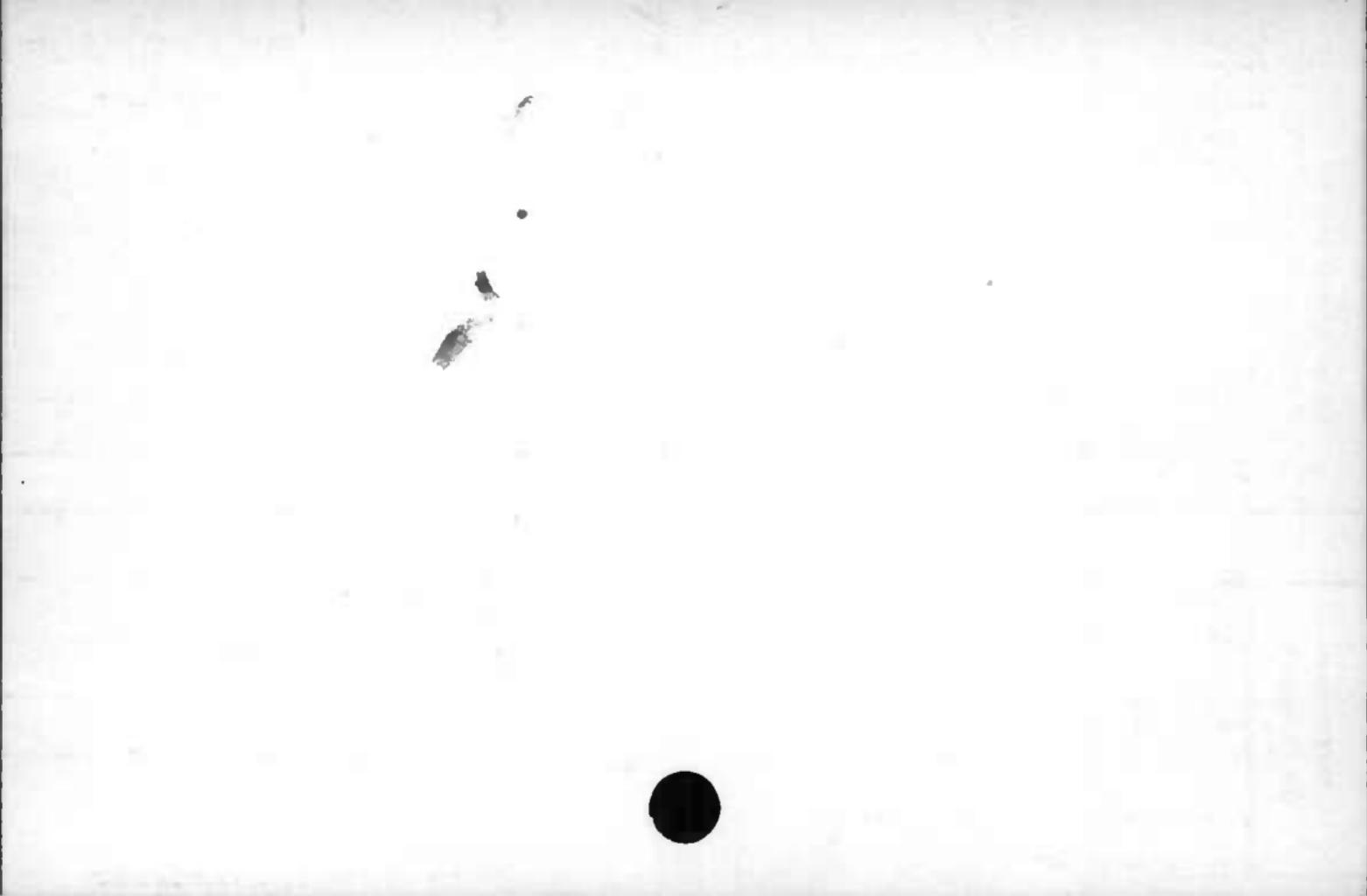
Address

Montgomery MD.
Laurelville

Accident or Suicide?

no

Queen Anne Rd



Name
in
Full

Margra Dorothy Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	March	14 th	Age	7	28
Sex	Color or Race	White	Birth-place	Winchester	
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	William Henry Johnson	Father's Birthplace	sixty six co Del		
Mother's Maiden Name	Bonnie Adella Thomas	Mother's Birthplace	Kent Island Md		
Name of person giving information	LesVanny Johnson	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(Q3)	How long	4 weeks
Immediate	General Debility		How long	4

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

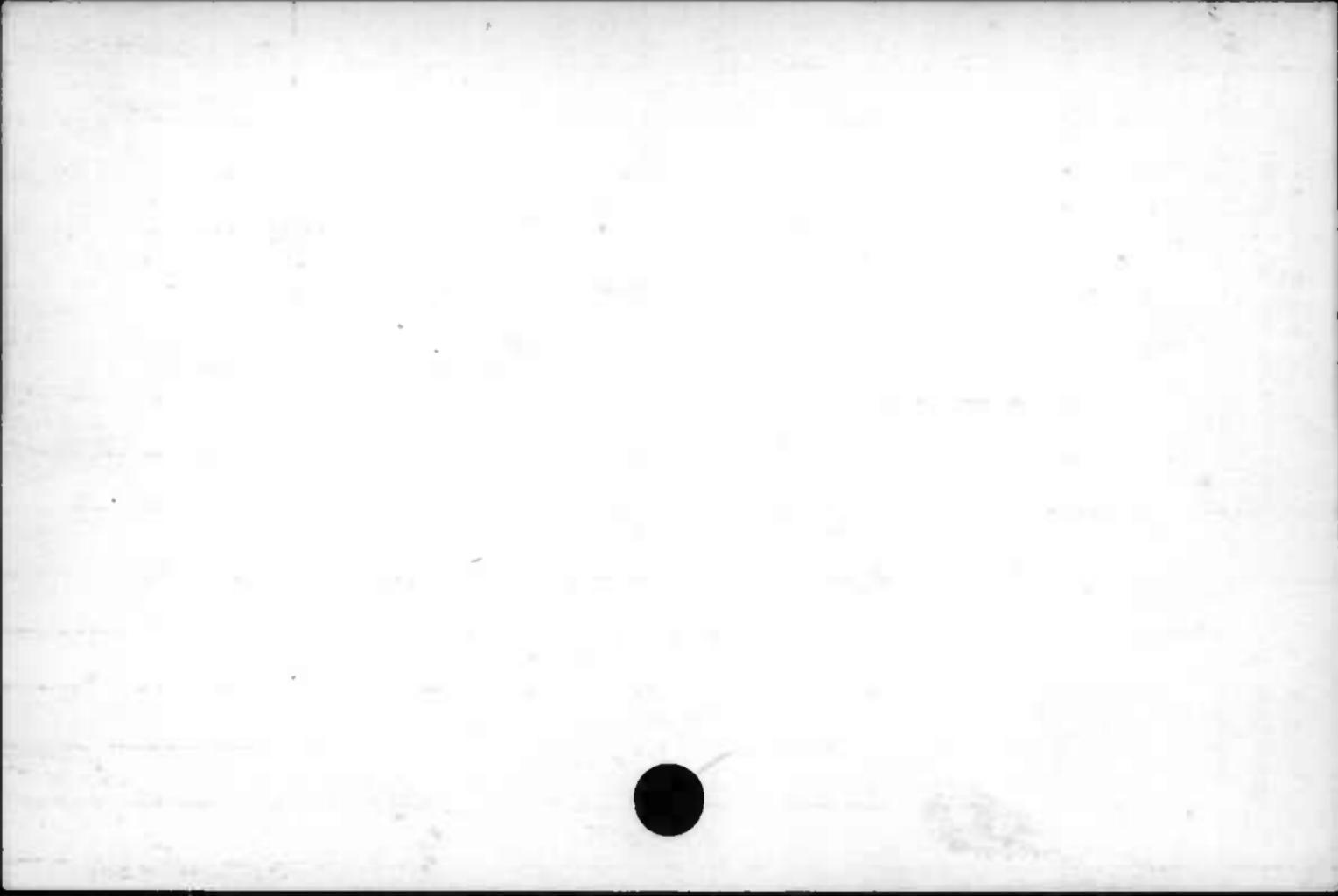
Rev. S. Henry

Address

Stevensville Md

Accident or Suicide?

No



Name
in
Full

Juliett Knaths

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	J. M. Knaths			
Father's Name	W. R. Bushfield		Father's Birthplace	Md	
Mother's Maiden Name	L. N. Barnwick		Mother's Birthplace	11	
Name of person giving information	M. M. Path		How related to deceased	Sister	

CAUSES OF DEATH

Primary	multiple Neuritis	(N/A)	How long	9 months
Immediate	Lynxie		How long	1 month

PHYSICIAN
OR CORONER

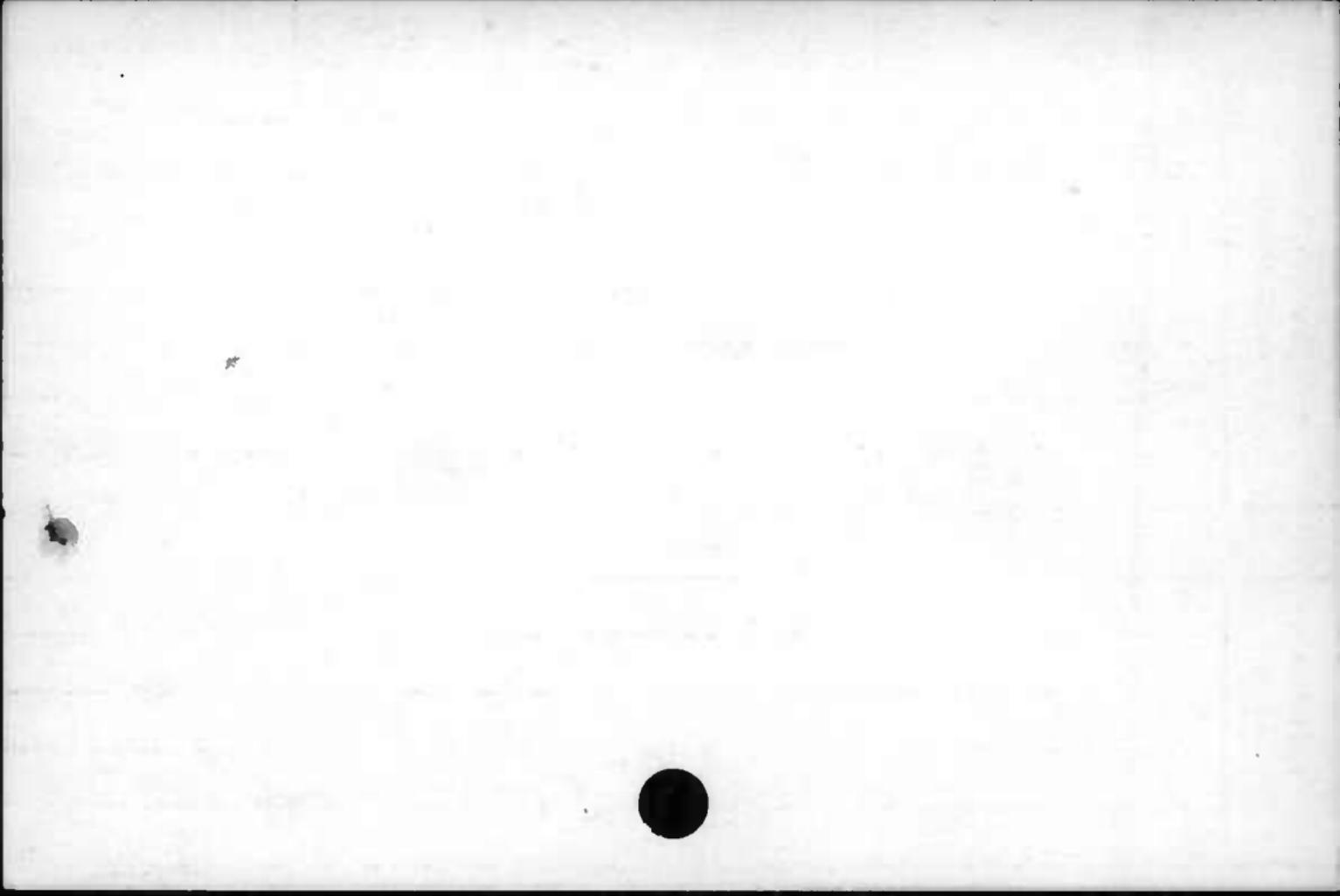
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

on January 11
multiple
Queen Anne, MD



Name
in
Full

Not Named, Mabel 3/17/18

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			

Father's Name	Henry Mackel	Father's Birthplace	Prince George Co
Mother's Maiden Name	Anna Farnan	Mother's Birthplace	J. A. Co
Name of person giving information	Henry Mackel	How related to deceased	Father

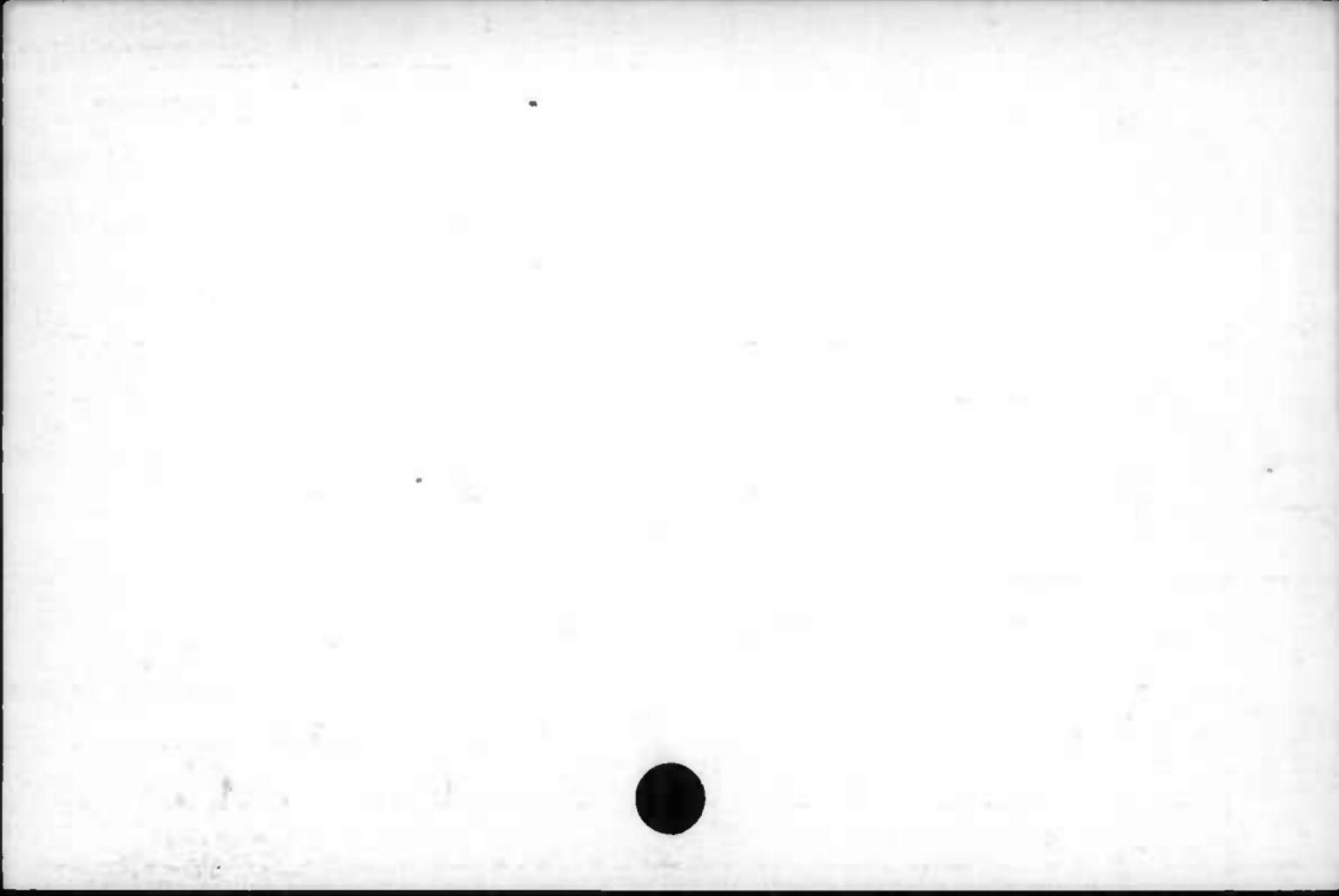
CAUSES OF DEATH

(5)

Primary	Premature 2 months child	How long	2 days
Immediate		How long	"

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Josh. Dawson	No Physician	Centreville
Accident or Suicide?		Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Sarah Morris

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace		
Mother's Maiden Name	Mary Scott		John Daniel Morris	Delaware		
Name of person giving Information	Samuel Morris		(93)	Mother's Birthplace	Son	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pleurisy & Pneumonia

How long

9 days

Immediate

Paralysis

How long

25 days

Are the name, age, sex, color, date,
and place correctly given above?

Signature of
Physician

Address

Percy Kemp

Stepensville
cll.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Ada O'Donnell

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Ford's Flat

Sussex

Date
of death

1906 March

Month

Day

Years

Age 27 yrs.

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Kent Co., Md.

Occupation

Wife

Where Residing if not
at place of death

Place of death -

Married, Single
or Widowed

married

Name of Wife or
Husband

Thomas O'Donnell -

Father's
Name

James D. Foley

Father's
Birthplace

Wilmington

Mother's
Maiden Name

Marie E. Hale

Mother's
Birthplace

church hill

Name of person giving
Information

Thomas O'Donnell

How related
to deceased

Father-in-law

CAUSES OF DEATH

Primary

Diabetes Mellitus

(50)

How long

18 months -

Immediate

Coma - (Toxemia)

How long

12 hrs -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. Hodson

Suffolkton, Md -

Accident or Suicide?



Name
in
Full

Henry E. Porter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1906	March	18	11
Age	Day		Days
Sex	Color or Race	Birth-place	
Female	White	Kent Island	
Occupation	Housewife		
Where Residing if not at place of death	Kent Is't		
Married, Single or Widowed	Name of Wife or Husband	Henry Porter	
Widow	John Lewis	Father's Birthplace	Kent Island
Mother's Maiden Name	Josephine Lewis	Mother's Birthplace	" "
Name of person giving information	James H. Marcell	How related to deceased	Son-in Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bogusitis Chronic ⑪ How long 10 years

Immediate

General Avenue Cardium How long 2 months

Are the name, age, sex, color, date and place correctly given above?

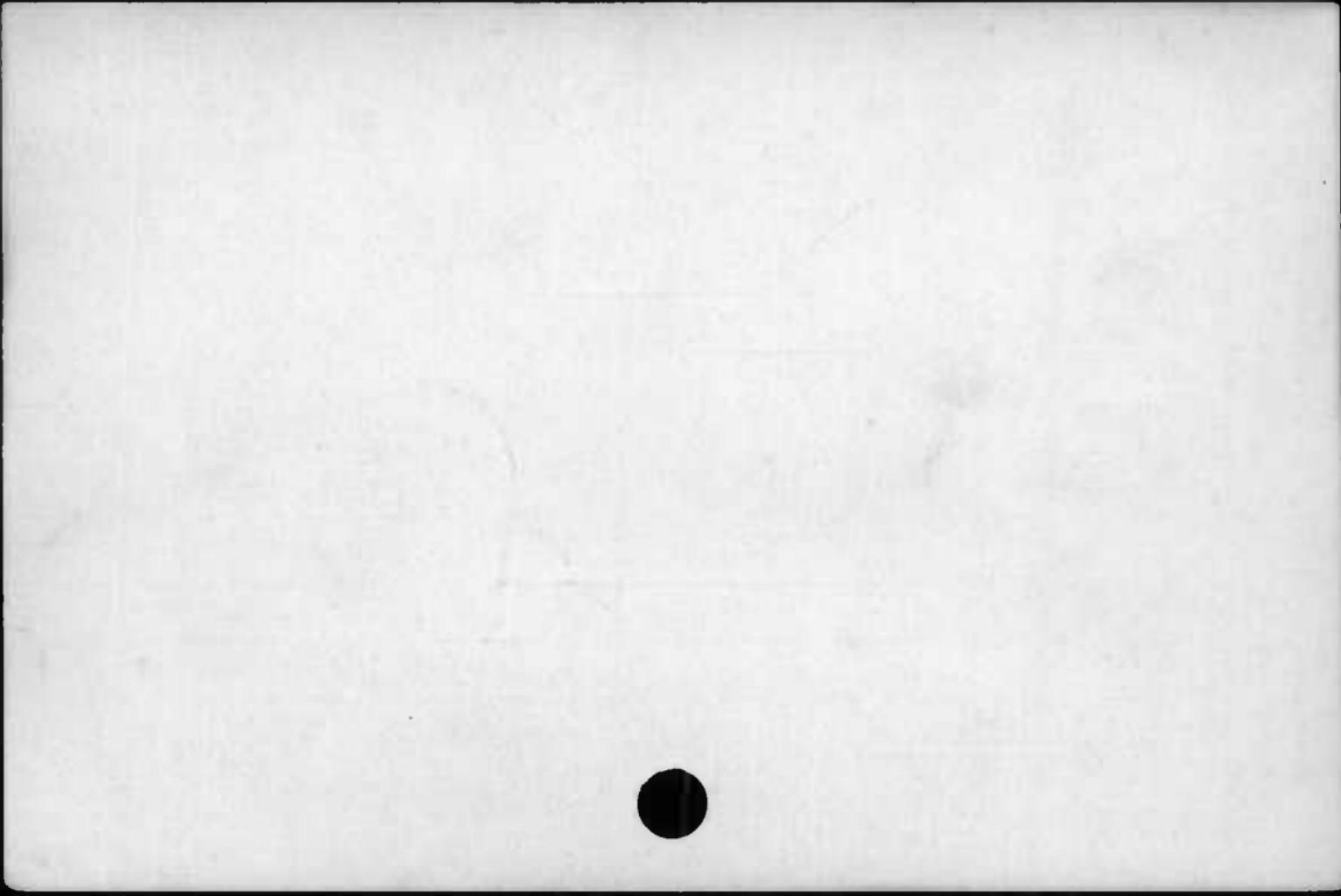
Signature of Physician

Address

V. Cloy & Snyder

Stevensville Md.

Accident or Suicide?



Name
in
Full

Wilhelmina Bull

CERTIFICATE OF DEATH

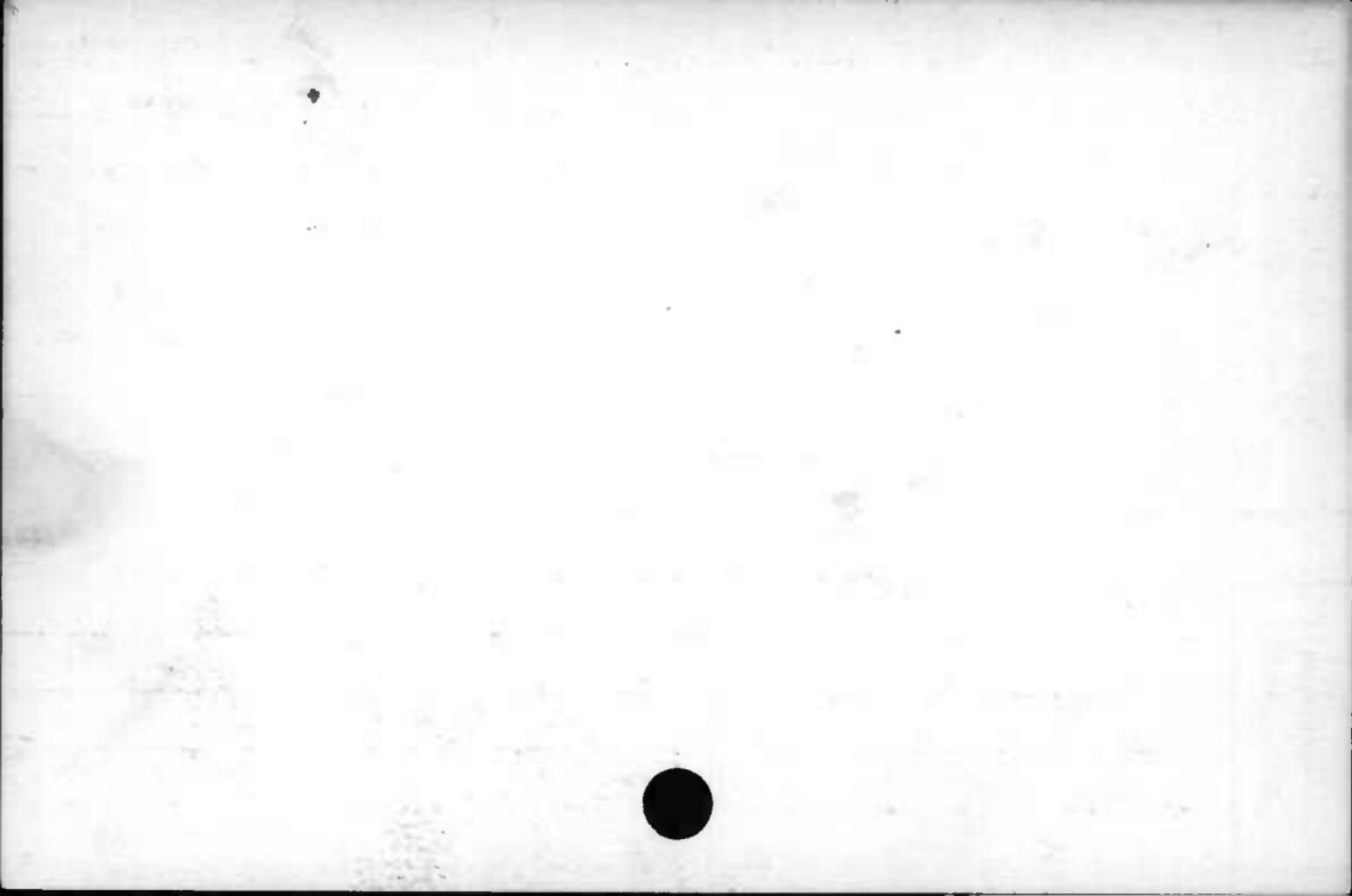
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Stevensville	New Anne	
Date of death	Month	Day	Years Months Days
1906	March	17	Age 23
Sex	Color or Race	Birth-place	
Female	European	Hunt L.	
Occupation	Where Residing if not at place of death		
Housewife	At Stevensville		
Married, Single or Widowed	Name of Wife or Husband		
Married	E B Bull		
Father's Name	Father's Birthplace		
Wm L. Harper	Baltimore		
Mother's Maiden Name	Mother's Birthplace		
May Ann White	Hunt L.		
Name of person giving Information	How related to deceased		
Wm L. Harper	21		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Insipient Thrombosis	How long	1 Year
Immediate	General Anesthesia	How long	1 mos
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Doctor E. Henry J.
	Address		Stevensville Md
Accident or Suicide?			



Name
in
Full

Elmer Franklin Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Chestertown

County

Talbot County

MARYLAND

Date
of death 190

6 Mar

Day

Years

Months

Days

Age 3

11

8

Sex

Male

Color or
Race

white

Birth-
place

Kent Island

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Father's
Name

Elmer B. Tolson

Father's
Birthplace

Kent Island

Mother's
Maiden Name

Sarah J. Tolson

Mother's
Birthplace

Kent "

Name of person giving
Information

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Laryngeal Diphtheria

⑨

How long

3 days

immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Long Street
Severnville Md

PHYSICIAN
OR CORONER

Accident or Suicide?

729



Name
in
Full

Mary Francis Willoughby

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex Female	Color or Race white	Birthplace Kent Island, Md.				
Married, Single or Widowed Single	Occupation Infant					
Name of Wife or Husband						
Father's Name S. D. Willoughby	Father's Birthplace Caroline Co., Md.					
Mother's Maiden Name Martha J. Frackamp	Mother's Birthplace " "					
Name of person giving information S. D. Willoughby	How related to deceased father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis (20)	How long	1 year
Immediate	Dropsy	How long	week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Cecily Keay
		Address	Kent Island, Md.

Accident or Suicide?

